FILED APR 21 1941

12405

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1

Registration District No. 908 — Primary Registration District No. 4549 — Registrar's No. 20

X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
(a) County: Wright
(b) City or town: Mtn. Grove Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: Wright
(c) City or town: Mtn Grove (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Eldridge Mathis
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb. 18 1850 (Month) (Day) (Year)
8. AGE: Years 91 Months 1 Days 9 If less than one day hr. min.
9. Birthplace: Paris (City, town, or county) Tenn (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
MOTHER FATHER
12. Name: D. T. Mathis
13. Birthplace: (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: Grover Mathis
(b) Address: Kansas City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-27-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Mathis Cemetery
18. (a) Signature of funeral director: Russell Barber
(b) Address: Mtn. Grove Mo.
19. (a) 3-28-41 (Date received local registrar) (b) Bernice Montgomery (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28-41 year hour minute 12 M.
21. I hereby certify that I attended the deceased from mar 19, 1941, to mar 28, 1941; that I last saw him alive on mar 19, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia
Apoplexy

Due to: 8 21

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: R. A. Ryan (M. D. or other)
Address: Mtn Grove Date signed: 3-28-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 441-656.
Date Filed APR 16 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
0—4-25-41
I X27852

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12405

Registration District No. 908 Primary Registration District No. 4579 Registrar's No.

1. PLACE OF DEATH:
(a) County Wright
(b) City or town Mtn Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eldridge Mathis
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 91 Months 1 Days 9 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 5-31-41 (Date received local registrar) (b) Bernice Montgomery (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw him alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. A. Ryan (M. D. or other)
Address Mtn Grove Mo Date signed

SUPPLEMENTARY

ROWENA MOORE

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD